

CRITERIA FOR PRIOR AUTHORIZATION

Haegarda® (C1 esterase inhibitor, human)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
C1 esterase inhibitor, human (Haegarda®)

CRITERIA FOR PRIOR AUTHORIZATION FOR C1 ESTERASE INHIBITOR: (must meet all of the following)

- Patient must have a diagnosis of Hereditary Angioedema (HAE), with provider submitting documentation that diagnostic testing was completed
- Must be used for routine prophylaxis against angioedema attacks in patients with HAE
- Patient must be 12 years of age or older

LENGTH OF APPROVAL: 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE